Radium

By A. BERCOVITCH, M.D., C.M., Montreal, Que.

ALMOST daily one is surprised and depressed to learn how little many physicians and surgeons really know of the actions and value of radium. What it is; what it does to tissues, normal as well as pathological; what its limitations are, and what are its legitimate fields.

There are certain people who will not admit that radium has an unique value because it will not always cure. As a matter of fact we are obliged every day to have recourse to methods of treatment which we know are not infallible cures, for example the treatment of cancer by surgery. Why then do they show so much unreasonableness and intolerance towards radium treatment? This deprives many patients of improvement which in time may become permanent cures and without the danger of death from the treatment, which is always a possibility in surgery.

There are many of the ablest surgeons who now admit that to discard or fail to use this newer remedy in the face of the statistics now available should lay the objector open to a charge of serious negligence.

I propose to-night to tell you sufficient about radium for you to understand the underlying principles which govern its action, also point out some of its uses, how to take care of it and how it should be handled in reference to the safety of yourselves.

Radium was first discovered by Prof. Becquerel of Paris in 1896. In 1899 Rutherford showed that the emanations produced ionization of the air in an electroscope. M. and Madame Curie later found that certain uranium ores exhibited a greater degree of radioactivity than could be accounted for by the uranium. They assumed therefore that some unknown element or elements were present in the ores. Their labors finally resulted in the discovery of what they called polonium, which was named after Madame Curie's native land, Poland, and this was later named radium. It was in 1911 that the Standard Chemical Co. of Pittsburg undertook to produce radium from carnotite, a uranium ore found in Colorado. Since the discovery of radium it is estimated conservatively that the world's total output of radium does not exceed 120 grammes (less than four ounces), of this amount about 100 grammes (or 5/6) have been refined in the United States.

To secure a gramme of radium (about 15½ grains) requires the chemical treatment of 500 tons of carnotite ore, the use of 500 tons of various chemical acids and alkalies, the power from 1,000 tons of coal, the use of upwards of ten thousand tons of purified and distilled water and the labor of 150 men for one month. All this to obtain the radium burium chloride. This latter is put through a series of delicate operations of fractional crystallization and the final product, after five weeks of further work, gives radium sulphate which when freshly evaporated from solution exactly resembles powder sugar which on standing acquires a brownish color. This is indeed a vast labor and expense to produce half a thimbleful of radium sulphate. Six months are consumed in the production of radium from the mining of the ore to the tubing of the finished salt and after this the material must age or mature for thirty

days to attain the maximum activity, after which it is shipped to the U. S. Bureau of Standards at Washington to have its activity certified. For most medical uses the sulphate of radium is usually used. The salt is hermatically sealed in suitable glass tubes, in metal needles, or fused on the surface of a glaze on a metal plaque.

The power of radium is not exhausted in its use in the treatment of disease, since the results obtained are due to the emanations which come from it. There is, however, a natural decay of it which is inherent to all radio-active substances, but this is such that only 1% in twenty-five years is so transmuted, thus taking over 4,000 years for its full decay.

Radium gives off three types of rays, which are called, Alpha, Beta, and Gamma. The Alpha rays are very easily absorbed. A sheet of note paper or a layer of moisture on the skin is sufficient to stop them. The Beta rays have over 93% of them absorbed in going through 1 c.m. of epithelial tissue. The Gamma rays are the most penetrating and it takes over 20 c.m. of water to absorb only one half of them. For theoretical purposes water may be considered as the equivalent of soft tissue in absorbing power. These estimations may be compared with the penetrating power of X-Rays which are half absorbed by about 5 c.m. of soft tissues.

In the X-Ray department of a hospital in Philadelphia where radium was kept it was found that the plates and films were being constantly fogged in spite of the fact that the radium was kept in a steel safe, the walls of which were approximately four inches thick, and the plates were kept in a lead lined box beyond two walls and at a distance of twenty feet.

The intensity of hard Gamma rays is dimished with distance by one half of their initial intensity after passing through 115 metres of air at ordinary conditions of room temperature and atmospheric pressure.

Effects of the Different Rays

The Alpha rays being practically always absorbed by the radium container are never used therapeutically. The Beta rays have a caustic action which may be likened to that obtained by caustic chemicals. It is, of course, impossible to administer them without the Gamma rays.

The Gamma rays can be used without the Alpha or Beta rays owing to the case with which they can be screened out. Within a few days after the application of the Gamma rays there is a swelling of all the cells rayed. By the third week the cells which are most radio sensitive, like cancer and lymphoid tissue, show a marked diminution in number. Many show a liquefaction necrosis which is due to the blood-vessels supplying them, having become obliterated by an obliterating endarteritis produced by the Gamma ray. Others are invaded and mechanically broken up or compressed by lymphocytes and proliferating stroma. Between the fourth and fifth weeks only nuclear fragments or no traces whatever of the cells remain. Meanwhile the stroma has been active, in it new capillaries are formed and the whole is transformed into granulation tissue and so healing takes place.

The question has often been asked me: "How is it possible for radium to destroy growths and diseased structures without damaging the healthy surrounding tissues?" This is possible because certain cells or tissues of the body are more susceptible to the action of radium than others. The more embryonal the type of cell the more radio sensitive it is, and therefore would require a smaller dose to destroy it than one of the adult type. For example taking the erythema skin dose as a standard and calling it 100 units we may compare a few different parts

of the anatomy as follows: Scalp, 175 units; eyeball, 80 units; m.m. of lips and cheek, 50 units; m.m. of tongue, 70 units; m.m. of rectum, 20 units; m.m. of urethra, 10; m.m. of larynx, 70 units; m.m. of bladder, 25 units; wall of uterus, 300 units; muscle, 200 units; nerve tissue about 200 units. We must, of course, keep in mind that the strength of the emanation varies inversely to the square of the distance. In passing to pathology we find carcinoma the most resistant type of tumor with which we have to deal. It is figured at 100 units. sarcomma 50 units, angioma in a child 25 units and in an adult 50, fibroma and myoma 10 units, lymposarcomma 30 units. These comparisons are made on the basis of the tissue being the same thickness and are not taken as practical examples, but solely for the purpose of illustrating the difference of radio sensitiveness in varying pathological tissues.

Local Effect in Handling Radium

The most important point for those handling radium is to remember that actual contact of the fingers with radium tubes, needles, emanations, etc., will bring about a condition of the finger ends which may be exceedingly uncomfortable. Since the action of the emanations is cumulative and persists for at least six weeks, such an offence continued, even though the single contact is momentary, permanent loss of tactile sense, distorted finger nails and finally ulceration and keratosis will result. It follows, therefore, that everyone handling radium should adopt and rigidly carry out a non-contact manipulation technic, or as they tell you at the Radium Chemical Co. in Pittsburgh, "Handle it as if it were a red hot iron"; that is, with forceps and as far away from you as possible.

Safety of the Radium

During the past five years some thirty-four tubes or needles have been lost or broken (about fifty thousand dollars worth). While most of it has been recovered, it indicates that care in handling is not given proper consideration. When radium is lost it indirectly affects all radium owners, for insurance premiums will rise if such losses continue.

Care of Capsules, Tubes and Needles

Dirt not only means danger of infection, but it will cause deterioration in the thin metal wall of the needle. After using the needles, they should be dipped in ether, then in alcohol and dried by rolling with forceps on sterile gauze. Before using, the same process should be applied, and the needles may be dipped for a short time in boiling water. Do not allow the needles to rest on metal when boiling as this is liable to melt the solder holding the eye and point and so allow the radium to escape. Metallic screens should be boiled before and after using, thoroughly dried and a drop of sterile oil put into them to keep the needles from sticking. Rubber screens should also be boiled before and after using.

Screening

The wall thickness of standard needles is 0.4 m.m., and this cuts out 87% of the hard primary Beta rays. When they are placed in the brass screen, which is 1 m.m. in thickness, about 97% of the primary Beta rays are filtered out; but we have the secondary Beta says which are produced by the Gamma rays impinging on the brass. These latter, with the remaining primary Beta rays, are filtered out by a rubber or aluminum screen.

Dr. Antoine Beclere, of Paris, has likened the emanations from radium to so many fine knives or invisible arrows which are wonderfully sharp and piercing, that riddle the whole diseased region and without bleeding or mutilation; without injuring the overlying skin, they kill in a deep-seated organ the diseased cells, leaving the neighboring normal cells intact.

Radium has a further unique advantage in that the Gamma rays sterilize a wider area than one can attack with either knife or cautery, and its greater success is probably due to this property.

Then, again, in the inoperable cases, where many operations which have previously been done as a last resort, often so shortening the life of the patient by lowering his resistance, we can by prolongd radiations cause restraint of the growth and so lengthen the life of many patients.

Apart from its use in all forms of cancer, radium is being used for many non-malignant tumors; it is almost a specific for uterine bleeding, and is becoming more and more popular in causing the tonsils to shrink and in their contraction evacuate all the septic material from their crypts.

In intra-mural fibroids of the uterus we have had some almost miraculous results. This means that a woman is now saved the necessity of a hysterectomy with its danger to life, hospitalization for three weeks or more, sickness following the anesthetic, not saying anything of the morbidity which may last as much as a year following the operation. Contrast this with the patient who goes into the hospital and has radium put into the uterine cavity, which is allowed to remain for 24 hours, and she can walk home the next day if she sees so fit. The objection raised to radium treatment has been that it prevents further child-bearing by bringing on the menopause. A very poor objection, when one remembers that experience teaches that after the enucleation of a fibroid in the child-bearing period of life a woman is more likely to grow another fibroid than to conceive successfully. The menopause produced by radiation is not usually any more severe than the natural menopause, and patients do not seem to experience any change in their natural sexual desires.

In the treatment of tonsils it must be understood that no claim is made on the removal of the tonsils by radium. The effect is that of an atrophy, which is conceived to be analagous to that which occurs normally in all tonsils unless it is arrested by disease. The atrophy induced, while varying with individual types of tonsils, will in general be in proportion of the amount of radium used and the duration of exposure. It follows, therefore, that by the increase of the quantity or the duration, or by the repetition of the treatment, we may bring the atrophy to as complete a state as required.

Radium is, of course, useful in the treatment of adenoids and also for the lymphoid tissue on the pharyngeal walls, and in connection with affections of the middle ear and around the Eustachian tube.

The results of treatment are seen in six weeks' time and consist of a markedly reduced tonsil, due to atrophy or absorption of the immature lymphatic cells in the follicle, thus lessening the depth and resulting in a distortion of the crypt, at the same time causing an eversion and evacuation of the crypt contents, according to Witherbee of the Rockefeller Institute of New York City.

Advantages of Radium Over Surgery in Treatment of Septic Tonsils

1. One application lasting twenty-four hours is usually required. It therefore saves time for the patient.

2. The method is safe, painless and easily applied.

3. It clears up all the infected points in the whole head, being in this manner superior to surgical removal of tonsils and adenoids.

4. It allows the timid, weak and nervous patients and those who have conditions contra-indicating operation, to receive rational treatment.

5. No local or general anesthetic required. No danger of hemorrhage or lung abscess.

(An address by Dr. A. Bercovitch to the Alumnae Association, Women's Hospital, Montreal, January 21st, 1925.)

— Editorials —

It must be conceded that the topic of Nursing Education is suffering from no neglect these days. The rumblings of the storm of discussion which greeted the announcement of the findings of the Committee of Investigation of the Rockefeller Foundation have by no means died away.

The February number of the Canadian Nurse published in full a discussion of the report of Dr. Eason, remarkably chiefly for its satirical huhour, a good deal of which, it must be acknowledged, found its mark. Still humour is a two edged sword and one cannot help feeling that one would like to have a quiet talk with some of Dr. Eason's nurses. Do they agree with him that all is for the best in this best of all possible worlds, or do they share, in some measure, the views held by many graduate nurses that certain improvements can and should be made in the education of nurses? One can only surmise. It seems likely, however, that conservatives such as Dr. Eason, leaders of the party of the Centre such as Miss Jean Browne, and divers radicals whom we will not name, might find common ground in one respect. It is probable that all would agree that actual clinical bedside teaching is not receiving the attention it deserves. Perhaps we might go farther and say that it is not receiving the attention that it did fifteen years ago. The conservatives will attribute this regrettable condition of affairs to modern emphasis on theory. Never was there a greater fallacy. To state the proportion of hours spent in the study of theory in comparison with the hours of actual duty in the wards is sufficient refutation, Perhaps it might be of interest to summarize briefly, opinions which the writer has found to be fairly commonly held by graduate nurses, none of whom could, by any stretch of imagination, be accused of being "advanced," much less radical.

First and foremost let it be clearly stated that all these women looked upon their hospital experience as being invaluable. For it, there could be no possible substitute. No amount of class room theory could, in their opinion, make up for any loss of the line upon line and precept upon precept of the daily work of the ward, that living, moving, most vivid of text books; but here is the tragedy: they felt that they were left to decipher that text for themselves as best they could. There was little organized or skilfully directed teaching which related theory to practice and gave life and meaning to both. Now why? What is lacking? Many reasons are put forward. One or two may be mentioned in passing: such as the transfer of teaching from the ward to the class room, or the constantly increasing complexity of ward management. But there is one paramount reason which is put forth more often than all others and that is the supposed disappearance of the old fashioned teaching head nurse.

How has she disappeared, and if so, why? In the old days when practical procedure was taught on the wards, a head nurse had to teach more or less, for the good and sufficient reason that the new probationer was "no earthly use on the ward until she could do something." Some of us can still remember how that ward teaching "stuck." Haphazard and subject to interruption, it unquestionably was, but—well—it stuck, and that is more than can be said of some of the far better organized and directed teaching in the modern demonstration room.

Is then a return to the good old days a solution of the problem?

Assuredly not. Our real task is to reinstate the head nurse as a teacher; not of procedure only, but of the clinical manifestations of disease, in so far as these are related to nursing practice.

There are many head nurses who are just such teachers. There are many who are not. It is with these last we are concerned. Why are they not? Perhaps because they lack the gift of teaching or have never developed what gift they had; or perhaps because they are so utterly overwhelmed by the detail of modern ward administration that they have no time for anything else. Perhaps the direction of the nursing service in their particular hospital is in the hands of a woman who fails to remember that she is the principal of a school as well as the executive head of a nursing service. Whatever the cause the result is the same: the student nurse fails to obtain the very thing she most needs; graded, directed, correlated clinical experience. The gravest indictment that can be made against the modern system is not lack of sound teaching in theory. That is being done better possibly than ever before. The pity is that the value of such teaching in many of our best schools is offset by lack of correlation to the practical work in the wards.

Well—what is to be done about it? Can anything be done about it? Is there any way of lightening the load of administrative detail? Can some of the precious time, now being used (one had almost said, wasted) in filling out pink slips for the store room, green slips for the linen room, black edged slips for death notices, hour slips, discharge slips, admission slips, laundry slips and so on, ad infinitum — could any of this time be devoted to showing a newly capped nurse the cardinal symptoms of pneumonia or explaining to the probationer why the weights depending from a fractured fenur must not be lightly placed upon a chair when one makes the bed.

Great emphasis is being brought to bear, these days, upon the importance of hospital records. But when one considers the time consumed by the average head nurse in copying endless orders, laboratory reports and so on, one understands one of the reasons for the decay of ward teaching. The head nurse simply has no time to do it.

Is it not time that a careful survey be made of possible means whereby some of this clerical work may be curtailed? Can it honestly be stated that our system of charting could not be condensed to advantage? Surely some of the routine clerical work might be dispensed with and the head nurse definitely instructed that a certain amount of teaching is expected from her.

One word more. Ward supervision is a special branch of nursing. Possibly it is quite as highly specialized as public health nursing. To qualify for the latter a woman must undertake some form of graduate study. It is quite time that we realize that the principles of ward supervision and ward teaching are capable of being taught and of being learned, and that women who expect to become ward supervisors and teachers should be willing to prepare themselves for their chosen field just as thoroughly as public health nurses do for theirs.

Courses in ward supervision and teaching are now available in two Canadian Universities. Institutes and short courses are offered from time to time in different parts of the country. It remains for hospital authorities to recognize the value of such courses and to encourage and assist their head nurses to undertake them. They would be repaid many times over by the increased efficiency of the supervisory staff and, best of all, they would ensure for their patients a nursing service vitalized by real interest and enlightened by true knowledge.

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The best wishes of The Canadian Nurses' Association are extended to the President, Miss Jean E. Browne, on the tour she is taking in Europe in connection with Junior Red Cross activities. Miss Browne is the National Director of the Junior Red Cross in Canada and sailed for Europe early in April, her assistance having been asked for by the League of Red Cross Societies in connection with their Junior Red Cross work in Europe. The policy of the League in inviting Miss Browne was doubtless dictated by the fact that Canada is recognized as having inaugurated the Junior Red Cross, and the work being done here is looked upon as being possibly as broad and complete in its relation to Canadian conditions as similar work in any other country.

While the offices of the League of Red Cross Societies in Paris will be Miss Browne's headquarters, it is already planned that she should visit Vienna to attend the Second Eastern (and Central) European Red Cross Conference. About the time of this conference the Austrian Government has arranged a Hygiene Week, in which Miss Browne will take part as a representative of the Canadian Red Cross Society. She will also have opportunity to attend the Austrian Nurses' Convention. It has also been planned that she will visit Czecho-Slovakia, Belgium and Hungary.

In England Miss Browne is to deliver a number of lectures to the International Nurses in Training for Public Health Service at Bedford College under the League of Red Cross Societies, and the British Red Cross has asked her to address groups of teachers on the Junior Red Cross.

Miss Browne will attend the Congress, International Council of Nurses, Helsingfors, in July, before returning to Canada.

In her annual address in January, 1925, to the Association of Registered Nurses in the Province of Quebec, the President, Miss F. M. Shaw, made the following remarks in connection with Acts of Registration for Nurses: "One thing I think we need to keep clearly before us in considering any registration Act is that the ultimate purpose of such an Act is the **protection of the public.** The quality of its nursing service and of its medical service is of vital importance to any community. Therefore, the nurse as well as the doctor should be licensed, or registered, as a guarantee for the safety of the public. That is the real purpose of registration, but it is sometimes forgotten."

Miss Shaw referred to the success that had attended the two Institutes for Graduate Nurses held at McGill University in 1924; to the French nursing journal, "La Vielleuse," published for the first time during the previous year by the French nurses of the province; and to the first Congress of French nurses of America, held in Montreal, in 1924.

Canadian nurses have learned with regret of the announcement made in February that Miss Nutting had resigned from the chair of nursing at Teachers' College, Columbia University. Miss Nutting's resignation is to take effect at the close of the present school year. Our sincere wishes are that Miss Nutting may thoroughly enjoy an extended, well-earned rest, after which Canadian nurses, with nurses throughout the world, will again look to Miss Nutting for the assistance and inspiration which she has always unsparingly contributed to the profession of nursing and its members.

The best wishes of our nurses are extended to Miss Isabel M. Stewart, who is to be Miss Nutting's successor. It is a pleasure for us to announce that Miss Stewart is a graduate of the General Hospital, Winnipeg, Man.

Ventilating the School and Workshop

JOSEPH HERZSTEIN in "Hygeia"

TO open the windows or to shut them, that is the question. In the home, the proper use of windows has usually been found sufficient to maintain comfortable and satisfying air conditions; but the use of windows alone for the ventilation of larger enclosures like offices, workrooms or schoolrooms has generally been regarded as inadequate.

For large school buildings, window ventilation has frequently not been relied on, and blower fans have been used to force air along specially constructed ducts into the rooms. It has been alleged that in this way only could a constant and adequate air supply be assured, commensurate with the needs of the occupants.

It seems necessary to define exactly what good ventilation is.

In many places, people develop a wholesome antipathy for mechanical systems of ventilation operated with windows closed. This may be due merely to temperament or mental prejudice. A man used to sleeping with his window open found himself in a hotel room with all the windows tightly shut. He went to bed and tossed about, until he gave up all hope of falling asleep because of lack of air. Finally, in desperation, he threw his shoe through a window and fell asleep. In the morning he found the window tightly closed and the mirror smashed. Evidently prejudice and preconceived notions play some part in our study of ventilation.

At last, however, a group of scientists has conducted a much-needed, prolonged and open-minded investigation. On the findings (published by E. P. Dutton & Company) of this group, the New York State Commission on Ventilation, of which I was secretary, this article is generally based. The answer to the question: "What constitutes good ventilation?" became quite definite as a result of four years of research by this commission.

Room Should Be Kept at 68° or Below

It was found that the primary essential for good ventilation was the maintenance of a proper air temperature of 68 degrees or below without the production of chilling drafts. The actual amount of air supply per individual, which in the past had always been specifically stated, is relegated to a secondary place. The commission simply states that the air change should be sufficient to avoid the accumulation of odorous or other substances arising from human occupancy.

Such a conclusion arouses a natural surprise. Everyone knows that the human body uses oxygen taken from the air inspired into the lungs, and that it gives off carbon dioxid, as a gaseous waste product in the expired breath. When one thinks of the air in a room as being stale as a result of human occupancy, one thinks of a lessened amount of available oxygen, and a harmful accumulation of carbon dioxid or other waste products. It is generally believed, therefore, that ventilation or air change in an occupied room is necessary in order to take care of these particular chemical alterations in the air.

However, it has been demonstrated that this is not the essential reason for changing the air of a room. Un-

der the usual practical conditions of occupancy, the changes in the oxygen and carbon dioxid content of even very badly ventilated rooms are entirely too small to have any harmful or significant physiological effect; they do not even affect comfort.

Chemical Content of Air Not Important

Certain experiments conducted in England showed that a group of medical students were entirely comfortable in an atmosphere which was so poor in its oxygen content that matches would not burn. The carbon dioxid in this atmosphere had accumulated to over one hundred times the normal, and yet the men were comfortable!

They were very uncomfortable, however, when this same air was made warm and moist. Their discomfort was completely relieved as soon as the heated air was set in motion by means of electric fans. In other words, the air from the fan carried off the body heat and had more to do with their physical comfort than the actual chemical content of the air they breathed, even though this air was more abnormal than it ever becomes in actual practice.

The superior importance of the physical conditions of the atmosphere, as compared with the chemical conditions, was amply corroborated by the two years of laboratory experiments of the commission. Large numbers of college and high school students served as subjects. The effects of temperature, humidity, air supply, odor, carbon dioxid, stagnation and air movement were observed in numerous tests in which 172 men and 70 women subjects took part. The most important and sensitive types of measurements and observations were made in order to determine the effects of air conditions on health and physical and mental efficiency.

The results of this work will help to formulate an answer to the moot points in the problem of ventilation. It will indicate the type of air environment each person should aim to secure.

Overheating Is a Menace

The temperature of the air of a room is the most important factor in practical ventilation, be it in the home, the school or the workshop. This has been demonstrated in many ways. First, air at a high temperature, around 75 degrees, especially when it is moist, interferes with the normal loss of body heat. When air becomes excessively warm the body cannot lose heat to the surrounding air.

Discomfort soon arises as a consequence of this interference with the normal loss of heat. A burden is thrown on the heat-regulating mechanism. An increase in the body temperature, an increase in the rapidity of the heart rate, an increase in the rate of breathing, and a fall in the general tone of the circulatory system follow. In fact, the responses of the body to any interference with its normal heat losing function are strikingly similar to those induced under conditions of fever.

In addition to the discomfort brought on by overheating, this condition also reduces physical efficiency. Under cooler atmospheres, experimental subjects were able to perform a larger amount of physical work than was performed in warmer air conditions. This finding seems to work out in practical experience, for when it is hot, one is less inclined to undertake or to continue any physical exertion, especially when one tends to become quickly overheated.

In industrial establishments this should be a point of practical significance. Increased physical efficiency would be the result of cool but comfortable atmospheric conditions.

Overheating causes other harmful effects. It is a common experience to feel disagreeable sensations in the air passages of the nose after having been in an overheated apartment. Direct examination of the nasal passages of subjects who were exposed in an experimental chamber to overheated conditions showed that heat tends to close the nasal passages. It induces a swelling of the elastic membrances and structures in the nose. The membranes become much redder and also more moist with nasal secretion. When the air passages are then exposed to rapidly moving cold air, the nasal membranes are rendered suddenly anemic. They become pale but still remain swollen.

Less Heat Means Fewer Colds

The normal and healthy lining of the nose acts as a defensive barrier against such bacteria as may be responsible for a cold in the head. The exposure of the nasal membranes to wide fluctuations of temperature causes a reaction that weakens the powers of defense of the membranes against the invasion of bacteria. Yet this is just the type of exposure which the membranes experience when one goes out-doors from an overheated room on a cold, wintry day.

Since an ordinary cold is likely to usher in a train of undesirable and dangerous after-effects, it would seem worth while to avoid this unhygienic and unnatural exposure of the nasal membranes first to immoderate heat and then to extreme cold.

The favorable effect of a cool indoor environment was remarkably evidenced in a study which the Ventilation Commission conducted in cooperation with the New York City Department of Health. The purpose of the investigation was to determine the occurrence of respiratory disease and colds among school children under ordinary practical conditions of schoolroom ventilation.

During a period of twenty weeks in the course of two winter seasons, 5,500 school children were kept under constant observation by a large corps of nurses. The children were all examined daily for evidences of sickness. In addition to examining the children, the nurses visited the homes of all children who were away from school, in order to learn the exact cause of absence. The children were located in twelve different schools.

The rooms of one group of children were kept at a temperature of 67 to 68 degrees by means of window ventilation. A second group spent their school hours in rooms at a temperature of 68 to 69 degrees, ventilated by a system of fan ventilation. The third group occupied window ventilated rooms kept at a temperature of 59 degrees, or some eight to ten degrees lower than the other rooms. The children in this cool type of classroom were not provided with any extra clothing.

The children exposed to the cooler air conditions were found to have far less respiratory disturbances like colds and bronchitis than the children exposed to the highest temperature. (The coolest rooms were window ventilated, while the warmest group of rooms were fan ventilated.)

The children in the fan ventilated rooms had more colds than the children in either of the two types of window ventilated rooms. The window ventilated rooms had fewer children absent from school on account of respiratory sickness than the fan ventilated rooms.

The children exposed to quite cool indoor atmospheres (10 degrees below what one would regard as usual for real comfort), enjoyed better health than those exposed to a much higher temperature with fan ventilation. There was little difference in

the amount of sickness among the children exposed to temperatures of 59 degrees or 67 degrees under conditions of window ventilation.

While this investigation pointed to the superiority of window ventilation over fan systems, it demonstrated at the same time that cool indoor atmospheres are consistent with good health. Schoolrooms kept at 59 degrees had no unfavorable effect on the health of the children as measured by the lack of respiratory infections among them. Such rooms were found to be superior to fan ventilated rooms maintained at a temperature of 68 to 69 degrees, the usual temperature for rooms ventilated by the fan method when under good control.

How Moist Should Air Be?

If air is not overheated there is no need of manipulating its moisture content. Air with a high moisture content, especially when it is warm, diminishes the loss of body heat through the normal avenue of evaporation of water from the skin. This evaporation goes on at all times. All of the evil effects of overheating are increased in severity when the air is too moist.

Special tests made by the Ventilation Commission and designed to detect slight alterations in nervousness or irritability failed to show that low humidities, such as are found under actual practical conditions, have any of the harmful effects attributed to them.

It was found through experiments that the air of a cool room lacking any fresh air supply and containing all the odoriferous constituents arising from respiration or the bodies of the occupants had no demonstrable effect on comfort. This stale air contained large amounts of carbon dioxid. As compared with especially fresh air, such air did not have any effect on body temperature, blood pressure, rate of the heart action, respiration or other physiological reactions. Mental efficiency, as measured by elaborate and extensive psychological tests, was not impaired by stale air. Hot, stale air had no different effect than hot fresh air on mental capacity.

In two ways, however, stale air did produce a real and a somewhat immediate result. As compared with the effect of fresh air at the same temperature, vitiated air reduced the total performance of physical work, and, more important, decreased the appetite for food. This depressing effect on appetite, if exerted over a long period of time, may result in a significant lowering of the body nutrition.

Breathing stale air exerts no especially attractive appeal to the imagination, but so far as the senses are concerned, comfort in a room is primarily affected by the physical condition of the air, and, secondarily, if at all, by departures from the chemical purity of outdoor air. When people open the windows of a room because the air feels "too close," unless the air is noticeably foul, they open the windows because the air is too hot and too moist. The chances are that if the air of such a room were chilled ten degrees, say from 75 degrees to 65 degrees, without diluting it with cool fresh air, it would prove less objectionable.

I do not favor breathing stale or vitiated air. Quite the contrary; I applaud the outbursts of the fresh air enthusiasts, provided they do not freeze one out! Fresh air is certainly an essential for good health, and as much of it as possible should be secured at all times. The stimulating effect of fresh air, however, is not due to its purity, but to its cooling effect on the skin, the face and the warm air envelope which surrounds the body.

Nursing in Iceland

By CHRISTOPHINE BJARNHJEDISSON, President, Icelandic Nurses' Association

Nursing in Iceland has never, in as far as we can trace it back in history, had any high standing. In the year 1402 a young woman called Anna lived here. She was the daughter of a serving woman, was fair and light-hearted, but was looked down upon on account of being an illegitimate child. From 1402 to 1404 the "Black Death" ravaged our island. Anna offered to take care of the sick, and her assistance was accepted with gratitude, also in the homes whose doors until then had been shut to her. A woman such as she was apparently not looked upon as being too good to sacrifice herself for others. She did not take the disease and displayed great natural gifts for nursing, thus being enabled to accomplish much charitable work. She never asked for remuneration and received her food only in homes that could afford to give it to her. When it came to an end with the plague, nobody remembered the excellent nurse, and yet they did—but in a sad manner. She had taken from a contaminated house where all had died, some clothes for her own wear. This could be proved, and they wanted her punished as a thief. It was done by stigmatizing her cheek with a key and expelling her from the community. Thereafter she lived by begging.

After the pestilence, hard times prevailed in Iceland; even in the monasteries and convents want was felt. Anna learned that a certain nunnery was in need of fatty substances, and as she had saved some old butter, having collected it through begging for a long period, she went to the nunnery and offered it for obtaining the remission of her sins. This was granted to her as a return for her butter, and she was permitted to serve in the convent for the rest of her lifetime. In the old Icelandic annals statements are found which tell about her gratitude for having escaped the plague and thus being able to take care of the sick, and also about her thankfulness for having obtained forgiveness for her sin. This is the oldest report of nursing in Iceland.

As long as the monasteries and convents existed, the sick were taken care of there. But from the middle of the sixteenth century, when the Reformation reached Iceland and all the Catholic institutions were discontinued, nothing is known about the nursing of the sick until the middle of the seventeenth century, when the so-called leper houses were erected. Here the lepers nursed each other. However, it could hardly be called nursing, although some serving women gave them a helping hand.

In the middle of the nineteenth century the leper houses were discontinued, chiefly because it was believed that leprosy was not contagious but only inheritable. The result was an increase in the number of cases. In 1894-1895 Professor Ehlers, Copenhagen, was sent to Iceland on the initiative of the Danish Fraternity of Freemasons, to investigate how many lepers could be found.

He found about 150, but there were more. In 1896-1897 the number was 250, many of whom were living under very poor and unsanitary conditions. In 1898 the Danish Fraternity of Freemasons presented Iceland with a small but modern hospital for sixty lepers, and a Danish graduate nurse was appointed to be in charge. She had two young Icelandic women to give assistance in the nursing work. Both had received for that purpose some months' training in nursing in the institution for Deaconesses in Copenhagen.

(Continued on page 186)

Co-Operation

By ELIZABETH L. SMELLIE, R.N., Chief Superintendent, Victorian Order of Nurses

It is not possible for Victorian Order Nurses to do good constructive Public Health work, and to live up to our Royal Charter, unless every effort is made to work harmoniously with other health and social agencies, whether private or official.

In the smaller and more isolated district, quite frequently of late, the Provincial Public Health nurse blazes the trail by demonstrating the value of educational and preventive work. Then the community, recognizing the need, and realizing the necessity for establishing a permanent nursing service, sends an appeal to the Central Office of the Victorian Order of Nurses for assistance in organizing an Association in their district. Following the organization of a local Association, the Central Office assumes the responsibility of providing a nurse when required and of giving adequate supervision to the work. In such a centre, in addition to bedside nursing, with teaching in the homes emphasized, there frequently comes the opportunity of branching out into Infant Welfare, School, Tuberculosis, or Industrial Nursing. The nurse alert to community needs, who becomes aware of this possibility of extension, and who, working in close harmony with her local Association, can influence her Board to recognize the importance of meeting this need as it arises, is a national as well as a local asset. Later on, as the centre grows and the work extends, the problems found in this work may become akin to those of a city.

In the larger cities it may happen that, having previously instituted and developed certain types of work, such as Child Welfare Clinics, or other activities previously mentioned, the time may come when we will show better judgment by relinquishing certain branches of the work. Municipalities have proved more ready to become convinced as to the urgent need of Child Welfare and School Nursing as a preventive and educational measure than they are to recognize the value of other types of Public Health work. Consequently, with the increased activity in municipal and provincial departments of health of recent years, and the increasing emphasis placed on the prevention of disease, municipalities are more frequently willing to encourage and administer activities along these two special lines themselves. We, as a voluntary organization, may be short-sighted if, having demonstrated the value of a certain type of work, we do not willingly give the municipality the responsibility when the civic conscience awakens to the need. There is other work not yet touched for us to do, and we should encourage rather than discourage municipal effort.

Our nurses everywhere have unusual opportunities for promoting the social as well as the physical welfare of their patients, and of noting and reporting such conditions as bad housing and the non-observance of child labor and school attendance laws: all tending to lower standards of home and community life.

Immediate attention should be given to cases where there is need of the bare necessities of life. In the larger districts the case should be reported to a relief agency which will become responsible for investigation of the needs and resources of that family, and of the problem leading up to present conditions. The staff nurse should consult her supervisor as to procedure. In the smaller district, where no relief agency is organized, the nurse is advised to have a sub-committee of her Executive to whom she can make such recommendations as she sees fit, rather than to be herself associated with the

(Continued on page 192)

Book Reviews

MANUAL FOR DIABETICS

By Gladys L. Boyd, M.D., Director of Diabetic Clinic, Hospital for Sick Children, Toronto, and Marion D. Stalsmith, dietitian to the Diabetic Clinic, same Hospital. Introduction by F. G. Banting, M.D.

This book presents in a plainly written manner, from a medical standpoint, much of the knowledge necessary for the diabetic, or for those in whose care they are placed. It gives explicit directions in the technic of administration of insulin, the dangers of its use, etc.; also, the complications of diabetes. It emphasizes the necessity for daily urinalysis and explains how this may be done at home.

From a dietetic viewpoint it clearly points out why a special and weighed diet is essential to the diabetic. The method of using the scales is clearly outlined. The book contains approximately one hundred food recipes, which are both varied and practical; also, menus for the diabetics' daily diet.

This book, although perhaps not altogether suitable for a text book, would be of great value as a reference book for instructor, patient or student.

The aim of the book is clear. Its chapters are well divided and in good sequence. It is interesting to the reader without departing from the scientific fundamentals. It is a convenient size, light weight and well bound. The print is large and plain.

The authors of this book have indeed been highly spoken of, when Dr. Banting says:—"The Manual for Diabetics may well be recommended by physicians to their diabetic patients."

A TEXT BOOK OF PATHOLOGY FOR NURSES

By A. V. St. GEORGE, M.D.; Illustrated; 228 pages: The MacMillan Company, New York.

As stated in the preface, this book represents the development of a series of lectures, given by the author, to the nurses of the Bellevue Hospital. The subject is presented in a simple and scientific manner, and should prove interesting to the teacher as well as to the student nurse.

In his introduction, the author discusses briefly, the history and subdivisions of the field of Pathology, and the classification of diseases. He defines disease as the reaction to an injury produced by a foreign body, and states that "it is the reaction of the body to these injuries in which we are interested and which we propose to study."

The chapters devoted to diseases of the various systems of the body, and those on "The Application of Pathology in Clinical Medicine," are excellent, and particularly interesting to the nurse, and the appendices include a series of questions to each chapter.

The book is small, well bound, the print is large and the illustrations numerous and well chosen. It is well and clearly written, and is of an authoritive nature. A comprehensive index adds considerably to its usefulness. It should prove a valuable addition to every training school library.

NURSING IN ICELAND

—(Continued from page 184).

In 1912 our large Tuberculosis Sanatorium was built. A Danish nurse was also this time put in charge. However, within the last ten years Icelandic nurses have entered all the positions for graduate nurses connected with the hospitals. At present Iceland has twenty-two trained nurses, whereof the majority have received their professional education in Denmark.

—(International Bulletin No. 3.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
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Immunity and Immuno Therapy

By W. MAGNER, Pathologist to St. Michael's Hospital, Toronto

Part III.

In the second part of this paper certain diagnostic procedures which are based upon the occurrence of immunity reactions were briefly described. To these must be added the **Schick Test** and the **Dick Test.**

The Schick Test

The Schick test is employed to determine whether or not an individual is susceptible to diphtheria, and is carried out by injecting into the skin a minute quantity of the toxin or poison of the diphtheria bacillus. If within thirty-six hours a zone of inflammation occurs at the site of injection, it indicates that the subject has not in his blood any antitoxin or substance capable of destroying the diphtheria poison. He is therefore, likely to contract the disease if exposed to infection. On the other hand the absence of such an inflammatory reaction means that the individual posesses sufficient antitoxin in his blood to render him immune to the disease. The great practical value of this test should be obvious. Diphtheria is a very dangerous infection and it is of the utmost importance to limit the spread of an epidemic. If, on the occurence of a case in a school or family, all those who have been in contact with the patient are examined by the Schick method, it is possible to pick out those who are likely to contract the disease and to prevent this by administering a prophylactic dose of diphtheria antitoxin.

The Dick Test

A similar test which is employed to determine susceptibility to Scarlet Fever has been introduced by Dr. G. F. Dick and Dr. Gladys Dick. These workers have proved, as was suspected by many bacteriologists, that this disease is due to infection with a certain type of streptococcus. They have succeeded in isolating the toxin of this organism and in preparing an antiserum by inoculating horses with increasing doses of the toxin. In applying the Dick Test a minute quantity of the toxin is injected into the skin; the appearance of an inflammatory reaction within twenty-four hours indicates that the subject does not possess in his blood any antitoxin for the Scarlet Fever streptococcus, and is therefore liable to contract the disease. Such susceptible individuals may be immunized by the injection of antitoxic serum. There is little doubt that the application of the knowledge gained as the result of the Dicks' work will tend to a great reduction in the incidence of this dangerous disease.

Having very briefly synopsised our knowledge of immunity reactions, and having indicated some practical applications of this knowledge in the diagnosis and prevention of disease, it remains to describe certain prophylactic and therapeutic measures based upon the occurrence of such reactions.

"Antiserum," "Antitoxin" and "Vaccine" are words familiar to every nurse but it is to be feared that there are many whose knowledge of the nature and mode of action of these remedies is somewhat vague.

It has been pointed out that a

patient who recovers from an infectious disease does so because his tissues have manufactured sufficient "antisubstances" to destroy the invading bacteria. It has also been stated that these antisubstances usually persist in the individual's blood for prolonged periods and that as a result he remains immune to that particular disease for years and perhaps for the remainder of his life. He has an aquired, **active** immunity, but to acquire this immunity he has had to suffer from an attack of the disease in question, with its associated discomfort and danger. Against many disease producing bacteria an exactly similar and equally effective immunity may be conferred upon an individual by injecting into his tissues small doses of the killed bacterium. Such a method is now widely employed in immunising against typhoid fever, the paratyphoid fevers, certain types of dysentery, cholera plague, ordinary coryza and other diseases. The injected material is known as a "bacterial vaccine" and is prepared in the following way.

Vaccines

The bacterium against which the patient is to be immunised is grown on a suitable culture medium and washed off in the normal saline solution. The resulting suspension of organisms is sterilised by heating it to 60° C. for 45 minutes, tested for sterility, and standardised. Standardisation consists in estimating the number of bacteria per cubic centimeter of the vaccine and diluting to the required strength: 0.5% of carbolic acid is then added to prevent the growth of any contaminating bacteria.

When such a vaccine is injected into the subcutaneous tissues of an individual the bacteria are digested by the leucocytes and body fluids and the products of this digestion are absorbed into the blood and lymph, carried all over the body, and stimulate the tissues to the production of antisubstances. As a result of repeated injections these antisubstances accumulate in large quantities and the patient becomes highly resistant to the particular bacterium of which the vaccine is composed.

Not only are vaccines employed as immunising agents for prophylactic purposes but they are also used in the treatment of certain types of disease. In a chronic localised infection, in which some particular portion of the body is affected, without any generalised poisoning of the tissues, the use of vaccines often leads to rapid recovery. In such cases the indication is to exploit the healthy tissues for the benefit of the diseased; to stimulate the former to produce antibodies which, accumulating in the blood, will reach the infected focus and there destroy the invading bacterium. In the treatment of boils, acne, certain types of chronic cystitis, certain types of chronic bronchitis and in fact any bacterial disease which is chronic and localised, the therapeutic use of vaccine often yields brilliant results. The method employed is to prepare a vaccine of the organism or organisms isolated from the diseased focus, and administer a series of injections into the patient's subcutaneous tissues, commencing with a small dose and gradually increasing it until the desired effect is attained.

Vaccines confer an **active** immunity because they act by stimulating the patient's own tissues to the production of antisubstance. The immunity which they confer is powerful but is slowly developed and then only if the patient's tissues are sufficiently healthy to respond to the stimulus administered.

Antisera

It has been shown that the application of vaccine treatment is limited. It is only indicated in subacute or chronic localised infections and should not be employed in general-

ised infections in which the invading organism is present in the patient's blood, and in which his tissues are so poisoned as to be unable to react and produce antisubstances. In such conditions we require some agent which will produce a rapid immunity regardless of the activities of the patient's own body cells. Fortunately we possess such a remedy, for certain acute and dangerous diseases, in the form of Antisera. An "antisera" is simply the serum of an animal which has been artificially immuned by a series of injections of a bacterium or a bacterial toxin. Thus, if we inject into a horse a small dose of diphtheria toxin, and subsequently at regular intervals inject increasingly large doses, the horse becomes highly immune to the toxin and its serum can be shown to contain large amounts of antitoxin. If then, after this series of injections, the horse is bled, the blood allowed to clot, and the clear serum drawn off, we possess a fluid which when injected into another animal will confer upon it a powerful, though somewhat transient immunity to diphtheria. Diphtheria antitoxin thus prepared is universally employed in the treatment of the naturally occurring disease and also, as has been pointed out when discussing the Schick Test, in the immunising of susceptible individuals who have been exposed to infection with the diphtheria bacillus.

Antitoxic sera, similarly prepared and equally potent, are available for use in cases of infection with the Bacillus tetanus, and the Bacillus botulinus, an organism responsible for a certain type of food poisoning. The antitoxic sera introduced by the Dicks for the treatment of Scarlet Fever is at present on trial and may prove an equally efficient remedy.

It will have been noted that the antisera referred to are all "antitoxic": their function is to neutralise the poison of the bacterium and they have no power of destroying the bacterium itself. "Anti-bacterial" or "bacteriolytic" sera are those which act by digesting the bacterium and such have been prepared against a large number of pathogenic organisms. The latter type of antiserum is prepared by submitting an animal to a series of injections of dead, or in some cases, living bacteria, whereas in the preparation of antitoxic sera, it is the poison of the bacterium and not the bacterium itself which is injected.

Bacteriolytic sera has proved disappointing in practice. In lobar pneumonia due to Type I. pneumococcus and in certain cases of infection with streptococci good results have followed this mode of treatment; but these results are very uncertain and are in no case comparable to those to be expected in diseases such as diphtheria, for the treatment of which we possess powerful **antitoxic serum.**

To summarize: A vaccine is a suspension of killed bacteria in saline solution; it acts by stimulating the patient's tissues to produce antisubstances and brings about an active immunity which is slowly developed and, usually, very persistent.

An antiserum is the serum of an artificially immunised animal; it acts by flooding the patient's tissues with antisubstances which were produced by that animal's tissues, and brings about a passive immunity which dates from the time of injection and is somewhat transient.

A vaccine is indicated in subacute or chronic localised infections in which healthy tissues are available for the production of antisubstances. An antiserum is indicated in cases of acute infections in which the patient's tissues are so poisoned that they cannot of themselves react against the bacterial invaders, and in which a rapid immunity must be produced if the patient's life is to be saved.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
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*The Value of Mental Testing

A reliable means of selecting Candidates for the Nursing Profession.

Bp MARY GOODYEAR EARLE, A.M., R.N.

WALTER LIPPMANN, in a series of articles in the "New Republic," expresses perhaps the sentiments and prejudices of the average layman on the subject of mental testing. He rather naively admits that he has an emotional complex about "the business" when he says, "I hate the impudence of a claim that in fifty minutes you can judge and classify a human being's predestined fitness in life. I hate the sense of superiority which it creates and the sense of inferiority which it imposes." If intelligence were the only factor in success, Mr. Lippmann might be justified in feeling as he does, but, fortunately, intelligence is only a single factor entering into that complex and subtile quality; though executives and supervisors in training schools will probably consider it a very important one. We have not wholly grasped the individuality of a person just because we have tested his intelligence.

What Is Intelligence?

But, just what do we mean when we speak of intelligence and intelligence testing? What is intelligence? We might call it "the ability to learn"; the ability to profit by experience; "the ability to analyze a situation and to profit by instructions." William Stern, the German psychologist, says that "intelligence is the general capacity of an individual, consciously to adjust his thinking to a new requirement; it is general mental adaptability to new problems and conditions of life." Professor Giddings of Columbia calls it simply "gumption."

Individuals are supposed to inherit this general capacity to learn very much as they inherit the color of their eyes or their hair, and I think no one would deny that brown-eyed parents will probably have brown-eyed children. It is generally believed that this all-around learning capacity differs widely in different individuals, but that among members of the same family there is likely to be about the same capacity to learn. In other words bright parents will probably have bright children and dull parents dull children—but this would not apply if a man happened to marry a beautiful high-grade moron, and this happens in the best of families.

There are psychologists who believe that general intelligence is a single inborn capacity to become intelligent in all situations. There are others who think that it is a group of more or less related capacities which enable a man "to acquire intelligent behaviour in many different activities." Thorndike of Columbia believes, for instance, that there are three main types of innate intelligence, namely, intelligence for words and abstract ideas; motor intelligence, or skill with the use of the hands, and social intelligence or the ability to get on well with one's fellows. These three types are all related but not necessarily to a high degree. The second and third would be extremely desirable in a trained nurse.

There is at first something a little startling in this theory that the degree of one's ability to learn is inherited from one's ancestors. We know all about the inheritance of grosser physical characteristics and the predisposition of some people to certain diseases,

but we are not yet accustomed to the idea that so-called intelligence in its varying amounts is also inherited. Yet the thought that musical aptitude, or an ear for music, may be transmitted from father to child is not a new one and the knowledge that true feeble-mindedness is handed down from parent to offspring is now common property among the well-read.

Varied Interpretations.

Feeble-mindedness is believed to be inherited according to the Mendelian formula. Why should we object to the theory that capacity to learn and readily form new habts is inherited? Particularly since we never use all the capacity with which we are born? Why should our self-love be so injured by the thought that we are not adults of superior intelligence? "It is no disgrace for a blind man to be unable to paint a picture, nor is it considered a great social injustice for a man of ordinary size to be denied the opportunity of serving as a giant in a side show." We object to this new conception of intelligence chiefly perhaps, because it is a new idea and so one to be regarded with suspicion.

But after all, the amount of our capacity to learn is only one factor in our success. The moral and social qualities are of paramount importance —zeal and enthusiasm and fervor, loom large in a few people of very average intelligence and these qualities effectively motivated, may well be said to "move mountains." It is not unheard of to meet men of superior intelligence who cannot adequately support their own families. Determination, persistence, reliability, ability to lead and to "carry on" are moral qualities apart from innate intelligence which no one can ignore in the uphill struggle for success. Neither can one possessing a high degree of intelligence hope to achieve, if handicapped by laziness, unsteadiness and wilfulness. Yet these qualities and characteristics are regarded as variable quantities, they may be cultivated, and they are largely effected by the environment in which one is placed. Here, in this realm of character making, the will-to-do and the will-to-be may accomplish undreamed of results.

Related Determinants

One cannot assert with accuracy that this entity called general intelligence is something entirely apart and free from the influence of environment, for environment and environmental factors act and react upon human beings from the moment they are born. Those born blind and deaf, for instance, have definite sensory handicaps which must and do limit the development of latent capacity. To have power we must use it and the person with a potentially strong heart would not have one were he to spend years in bed. And so it will always be that those born into the more favorable and stimulating environments will tend to have the greater intelligence both by reason of superior endowment as well as by the enrichment of the opportunity for development.

Our Testing Tools

It is interesting to realize that we owe to the genius of Alfred Binet the modern instrument for testing general intelligence. In 1904 an educational measure in Paris required the selection of all the mentally defective children in the public schools, such selection to be made by individual examination. There was at that time no definite method of making such examination. With the object of supplying this lack Alfred Binet, a psychologist, and T. Simon, a physician, determined to standardize their scale of tests. In order to do this, selected groups of average Paris public school children were examined and the results finally standardized. The first revision appeared in 1908 and the second in 1911. Since that time various standardizations of the Binet tests of intelligence have spread throughout Europe and America and this subject has become one of international importance.

Regarding the Binet Scale for individual examination, Cyril Burt of England, says, "pending the construction of some more scientific scale,

whose authority is as generally revered, the Binet-Simon Scale must for rough and practical purposes still hold and monopolize the field." In other days, as well as today, it was an easy matter to detect an idiot or an imbecile, but the moron and particularly the high-grade moron slipped by all unnoticed. The laggard at school; the child whom teachers thought would not learn, never dreaming that he could not; the man, though a worthy fellow, never quite able to support his family and keep his chin above the waters of failure; the young thief repeatedly caught but who still cannot learn that stealing does not pay; the housemaid who seems to have no "common sense," as well as the brilliantly-endowed individual who does not work because he does not have to, to keep pace with his less gifted neighbors, are detected and differentiated by the Binet Scale and its well-standardized revisions. There are all degrees of intelligence ranging from idiocy on the one hand to genius on the other.

To Alfred Binet also we owe the concept of mental age, about which we are beginning to hear so much. The mental age, it must be remembered, is a hypothetical measure assumed and understood by psychologists as the yard or the pound in industry, or the calorie in dietetics. It simply means the performance of the average child of a certain age on a general intelligence test. For instance, the average child with an age of ten years will have a mental age also of ten years. At the same time the mental age for the average adult is set at fourteen years, because this is the way the standardization has turned out. The "average adult" standardized on a large number of cases, is able to do, on the tests of the Binet intelligence scale what the boy or girl of fourteen can do and no more. As Terman aptly remarks, "the strictly average representative of the genus homo is not a particularly intellectual animal."

(Continued)

*An address delivered before the National League of Nursing Education held at Swampscott, Massachusetts, June 25-29, 1923.

Co-Operation

(Continued from page 185)

giving of material relief, except in extreme cases. The professional function of the nurse is likely to be misunderstood if the patient is led to consider the giving of material relief as part of her service.

Finally, in every district, large or small, there should be active co-operation with public officials and organizations generally, not merely in word but in deed. Co-operation frequently involves compromise on the part of all interests concerned. There is plenty of work for everyone to do, but if the various groups, official and private, have not means of coming together to discuss candidly their mutual problems, and of working out a plan which will prevent duplication and consequent wasted effort, all welfare work must suffer in consequence, and the community will not benefit as it should from the funds available for carrying out the local programme on whatever scale proposed. To accomplish successful co-operation requires activity both on the part of the nurse and of her administration, and a broad grasp of the national as well as the local situation, with particular reference to the facilities available for the care of the sick, prevention of disease and the promotion of health throughout Canada.

Canadian nurses who are planning to attend the Congress, International Council of Nurses, Helsingfors, July 20-25, 1925, are advised to obtain immediately the whole ticket, Canada-Helsingfors and return, in order to be sure of obtaining accommodation.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
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Report of the Meeting of the Education Committee of the N.O.P.H.N., December 12th, 13th, 1924

By E. KATHLEEN RUSSELL, Reg.N.*

As convener of the Education Committee of our Public Health Section, I was appointed this year to represent the section at a meeting of the Education Committee of the American National Organization for Public Health Nursing. The latter is a very large organization with a central office and a permanent staff in New York, and, among many others, an active Education Committee of a dozen or more members, most of whom live in New York or near enough to that city to attend meetings at intervals of three or four months. Nearly two years ago the American group invited our Canadian organization to send a representative to meet with them, but it was not until last month (December, 1924) that the invitation was accepted.

It was for the December meeting, therefore, that I went to New York. Sessions were held on two days, the 12th and the 13th, and I found the committee there made up of ten or twelve nurses representing public health work in Philadelphia, Nashville and New York. I hope I am making it clear that this was just a regular meeting of a small committee which convenes several times during the year. The matters discussed were all among those pertaining to public health nursing, the work and the worker, and included the following:—

The curriculum of the hospital training school for nurses and the public health studies to be placed in that.

Certain post-graduate courses for public health nurses and the merits of such. Those were courses conducted by teaching departments that were corresponding with Miss Hodgman, the Educational Secretary, asking for advice and help.

The public health organization as a practice field for students; the special needs of the student and the special difficulties of the situation.

The payment of students while they are doing practice work in a public health nursing organization.

The training of negro nurses for public health work.

Special plans for students granted scholarships under the American Child Health Association.

As I was merely a visitor there, I cannot report those meetings at length. When ready to do so, the members of the committee will publish their own decisions and plans. However, I can give some general impressions which I received and which I am anxious to present rather forcefully to the members of our own section.

First, there was the very warm welcome accorded the Canadian guest. Very clearly I was given a message of cordial good-will and desire for co-operation that was meant for the Canadian Public Health Section. That message was quite impersonal and wholly delightful, and I shall fail entirely in my ambassadorship unless I can pass it on to you successfully.

Next I would note the complete public health conviction of the group. That was shown in many ways, but particularly I am thinking of their determination to give an extensive public health training to every pupil

nurse. The assurance and courage with which they faced the planning for that were staggering to me, but commanded a deep respect.

Further came a realization that the conditions of our work in Canada and in the United States are necessarily widely different, and that each country must work out her plans for public health nursing in her own way to suit local conditions; attempts at standardization would be very unfortunate. Realizing all of that I have more strongly than ever the hope that there will be a strong bond of sympathy between our two groups and a free interchange of thought. The American nurses have gone further in pioneer work in connection with public health nursing than we in Canada, and there are some difficulties that we shall not have to face because of that which they have done. We recognize that and acknowledge it gratefully even though we must of necessity blaze new trails of our own immediately. I can only add that as I sat at those meetings my respect and admiration increased steadily even when my best cherished opinions were being challenged. I hope that there will be further conference between the two organizations and that next time Canada may be playing the part of hostess.

(*Convener Education Committee of the P.H. Section, C.N.A.)

A Report of the University Extension Course for Public Health Nurses

By FLORENCE H. M. EMORY, Reg.N.

During the month of January, the Department of Public Health Nursing, in co-operation with the Department of University Extension of the University of Toronto, conducted a two weeks' refresher course for graduate nurses with previous public health experience or public health training. No credits were given for the work and no certificates awarded. The course consisted of lectures in professional and general subjects and in the observation of public health activities in Toronto.

The following outline of work covered may prove interesting:—

A. Professional Subjects—

1. Health Education—
   a. The School Health Service—urban and rural.
   b. Health Teaching—Scientific basis of health rules taught to school children.
2. Child Psychology.
3. Oral Hygiene.
4. Infant Hygiene.
   a. From the physician's standpoint.
   b. From the standpoint of the public health nurse.
5. Nutrition.
6. Social Implications of Public Health Work.

B. General Subjects—

1. Canadian History.
2. Public Speaking.

Students were not required to attend the lectures on all subjects included in the course, but were recommended to choose those in which they were most keenly interested. Discussions on School Health Service and Social work were held, where an opportunity was given for exchange of thought and experience.

Through the courtesy of various health agencies and hospitals, arrangements were made to observe the activities of the School Health Service, pre-natal and child health clinics, tuberculosis clinics and nose and throat clinics. Visits were made to the Preventorium, the Premature Infant Ward and Social Service Department of the Toronto General Hospital, the district offices of the Department of Public Health and the central office of the Victorian Order of Nurses.

An analysis of the public health nurses enrolled and the agencies represented by them follows:—

PUBLIC HEALTH NURSES ENROLLED IN THE EXTENSION COURSE
Conducted by
THE UNIVERSITY OF TORONTO
January 5-17, 1925

Public Agencies

1. Departments of Public Health—

a. Provincial—

Supervisors	1
Special Nurse	1
Staff Nurses	15
	17

b. Local—

Toronto—Supervisors	3
Toronto—Staff Nurses	8
	11
Coburg	1
Galt	1
Cobalt	1
Swansea	1
Stratford	1
Kitchener	1
Owen Sound	1
London	1
New Toronto	1
	20

Private Agencies

1. Victorian Order of Nurses—

Supervisor—Ontario	1
Local Branches—	
Ottawa	3
Toronto—Supervisors	1
Toronto—Staff Nurses	3
Brantford	2
Renfrew	1
Waterloo	1
Brampton	1
Barrie	1
Stratford	1
Arnprior	1
	16

2. St. Elizabeth Nurses, Toronto—

Superintendent of Nurses	1

3. Red Cross Society—

Ontario	1
Saskatchewan Supervisor	1
	2
4. Miscellaneous	9
Grand total	65

As a worker in the field of public health, where development is taking place so rapidly, there is need for the public health nurse to be kept in touch with up-to-date theory and practice in that field. The consensus of opinion of those attending the course was that such an opportunity had been made available by the University of Toronto.

Jewels in the Mud

It is told of Ruskin, the great Victorian art critic, that he was much annoyed by the muddy state of the road in which he lived at Herne Hill. He could scarcely venture abroad without his boots being splashed with mud from the wheels of a passing vehicle.

In his eccentric way, he sent a sample of this road mud to a friend who was a famous analytical chemist, desiring him to analyze it, and tell him of what it was composed.

The reply duly came. The chemist reported that the mud contained four ingredients, viz., sand, clay, soot, and water. This set Ruskin thinking, and presently the poet, artist, and idealist in him got the better of the grumbler and enabled him to look at the matter from a new viewpoint.

"Sand?" said he. "Why, sand is only the crude form of the opal, one of the purest and loveliest of gems. 'Clay?' The metamorphosis of clay is the sapphire, and all the loveliest porcelain in the world, wrought by the masters of handicraft, was just common clay once, dug out of the bowels of the earth. 'Soot?' What is soot but carbon, and what is the diamond but pure carbon? 'Water?' ——"

And at that word his imagination pictured the myriad dewdrops, Nature's jewelry sparkling in the rays of the morning sun.

"Dear, dear!" said he. "All this time I have simply been splashed with jewels, and I did not realize it!"—News-Mirror.

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

The Value of a Circulating Library in a Training School for Nurses

By DOROTHY M. HOPKINS—Class 1925 Toronto General Hospital

"There is no frigate like a book
To bear you miles away."

It is quite needless to dissertate upon the value of books while trying to set forth the benefits to be derived from a circulating library in an institution, especially a hospital. Books are the greatest mental stimulant in the world. They open to the reader the thoughts, the experience, the lives of others. By their guidance one can live outside oneself and reach beyond the limitations of one's own small person.

This broadening effect is one of the greatest reasons for a library in any school. Institutions tend to institutionalize the mind and books seem to be the best means to overcome it. Everyone knows how when one's life is regularized one's mind also tends to conform to limits and never stray beyond one's immediate occupation even out of hours. "Limited thoughts" are a drawback tending in most cases to narrow-mindedness and a library is a good antidote. It is quite as essential to **forget** one's work at the right time as to **remember** it at the right time.

In deciding what procedure to adopt in procuring a library for a training school for nurses, a few suggestions may prove helpful to other schools desirous of inaugurating one.

In any undertaking obtaining finances presents the major difficulty. Referring to our own school financial support is derived from sources such as: (1) Beneficent individuals interested in the welfare of the school—who are always ready to sponsor any worthy undertaking by giving donations; (2) Proceeds from dances and garden parties—this means not only a substantial increase in library funds but permits all partaking to indulge in an evening's frolic or social intercourse; (3) Fees collected from books that are overdue—a nominal sum to be decided upon mainly to prevent the tardy from falling by the wayside.

Organization greatly facilitates matters and one must have a systematized method in order that the books may prove of equal benefit to all, and not vanish overnight. The first requisite is a good librarian. She may be specially selected for that work alone: or one of the nursing staff might accede to filling the office, or a pupil nurse might be elected by popular vote to act in the capacity of librarian, although the duties might be rather onerous to one conceded to be so busy as one engaged in nursing

From the avalanche of books which pour out upon the public it is increasingly difficult to separate the wheat from the chaff, so it has been found satisfactory to appoint a committee of three members, holding office for one year. The duty of this committee is to outline a tentative list of books to add to those already

in the library. This list should be subject to revision by one capable of judging books by authors whose names stand for something intrinsic and valuable in literature. Our own Superintendent of Nurses renders much valuable assistance in many ways, among the many being helpful suggestions and constructive criticism.

Owing to the stress of winter work and the holding of lectures, the library is called into requisition to a greater extent during the summer months. From actual experience seventy-five per cent. of the books taken out are fiction, therefore secure the best. Rightly read books make one tolerant and understanding, beside offering a wonderful fund of knowledge and amusement. On the other hand, it is quite possible to get lost among the vast mass of literature written to-day; not that one should always read to the purpose or with the fixed intention of getting the maximum of value from the process (that would be too much like taking a course of lectures.) But a "good" delightful book is much better than only a "fairly" delightful one, and the former is to be had for the choosing.

It is the earnest purpose of all training schools to raise or maintain a high standard of qualifications necessary to gain admittance. Students now entering the majority of hospitals have matriculation standing, are teachers, or University graduates, often coming directly from Collegiate or University. If they have access to a good library from the first reception in the hospital they will continue to use it to advantage throughout their training. If on the other hand even for six months or a year they neglect reading good literature or do so in such a desultory manner during stress of probation and junior days, it is hardly to be expected they will follow any literary course during the remainder of their term. Start from the very first to interest newcomers in the library.

In some schools, as in our own, we have a Reference Library — quite separate and distinct from the Circulating Library, containing many valuable editions for heavier reading and, as the name implies, for reference.

Another branch of our Circulating Library of which many of the student nurses avail themselves is the section given over to current literature, magazines, etc. This section gets a fair share of its monetary assistance from fees that are oversubscribed to the pay telephone system installed in our residences. Current articles enlarge the field of reading. A fasinating account of travel may catch the eye or an interesting sketch similar to a biography, only in much abbreviated terms, may be picked from the shelves. The above magazines are kept in a bright and cheerful reading room offering allurements to anyone caring to peruse their contents. These magazines must not be removed from this centre or the object in view is defeated.

A Circulating Library started from a small beginning and added to each year soon develops into a substantial one, proving not only of transient value but useful to posterity.

From the student nurses' viewpoint one queries, "Is it a success?" We answer decidedly "Yes," as may be judged by the popularity of its patronage. It inculcates and enhances the love of the beautiful, for many are the word pictures we gain from good literature.

"To the making of good books there is no end." This is true to-day as never before and it does not seem right that an institution should not try to corner some portion of this fair treasure for the benefit of those who serve it.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

Montreal Anti-Tuberculosis and General Health League

By N/S EMMA P. KENNEDY

A group of Montreal citizens, representing all phases of community life, have organized a Health League, the object of which is to stimulate public interest in health work and so to strengthen the resources of the municipal health department.

At the outset, Lord Atholstan made the munificent gift of $100,000 to launch the work and to carry it through the period of organization.

Montreal offers an excellent field for such work because, owing to its own particular difficulties, it has not applied for its own benefit the modern knowledge of preventive medicine in the way it might have done.

The League opened its offices last October and intends to work slowly, so as to build well, rather than to attempt any dramatic piece of temporary work.

At present the following activities have been approved and are either being carried on or are well advanced on the way to being put into operation:

Educational work, chiefly through the press, which is co-operating in a fine manner.

Group instruction for women. A course called "Health in the Home," covering the subject of personal hygiene, in ten lessons, with demonstrations. A manual is prepared for distribution.

Two demonstration centres. The first is in connection with the School for Public Health Nurses which is being started by the University of Montreal. The League will provide the field service of a health centre which will be used for demonstration and for teaching purposes. Looking to the future, no greater contribution could be made than one which will help in providing a trained personnel which has heretofore been lacking owing to the fact that the French-speaking group has not such a school.

A second centre, in an English-speaking part of the city, is to be organized as a demonstration. Existing agencies have expressed their desire to share in it.

Surveys are undertaken. One has been made at the request of the Protestant Board of School Commissioners of the health conditions and medical inspection service in their schools. In connection with the milk supply, a survey and campaign for a safe milk supply are under way.

So far, the most pleasant feature to record is the happy and friendly relations existing between the League and the various interested individuals and groups.

Memories of 1916

Now that Spring is with us again, do any adventurous spirits tucked away in their various civilian occupations, remember the days in Etaples and Treport, when bicycles were the chief joys of the half day? The remembrance of the Home Sister, who invariably fell off in the midst of an astonished but not displeased platoon, will remain ever green in the hearts of those who knew her, while the thought of the Camier hill and the orgies of coasting that took place on its muddy incline make us feel quite old and sedate. Who could ever forget a half day in the Foret D'Eu, with its long smooth hills and endless stretch of green forest, while the cavalry calls of the Belgian bugles sounded musically through the trees? And who could forget the depressed face of the solitary batman, as he gazed on the ten or more dilapidated machines, his to cherish and clean. But those days are past. Now we drive the adventurous "Henry" if prosperous, or cling to any portion of the street railway, if not. But we do not forget.

News Notes

ONTARIO

Ex-Army Nursing Sister Mildred Drope has joined the staff of the Ontario Division of the Red Cross and is in charge of the Nursing Outpost at Quibell, Ont.

Miss Elizabeth McEachren, R.R.C., has been transferred from Haileybury Red Cross Hospital and is now in charge of the new Red Cross Hospital at Hornepayne, Ont.

Miss Elizabeth McKechrine (N/S No. 4 General Hospital) has accepted a position at the Red Cross Outpost Hospital at Hornepayne, Ont.

N/S Mary McNaughton, R.R.C., has been appointed to the Peterboro Red Cross as Organizing Instructor for the Home Nursing Classes in Peterboro, Ont., during the winter.

N/S Peggy Henderson, of Toronto, leaves this month for an extended trip to the Mediterranean.

N/S Mollie McDermot and N/S Hallie Carman are spending the winter in the South of France. Miss Carman is recuperating from her recent illness.

N/S Helen Shearer, R.R.C., is spending the winter in Scotland and on the continent.

QUEBEC

N/S Olive FitzGibbon, graduate of the School for Graduate Nurses, McGill University, has accepted the position of Superintendent of St. Mary's Hospital, Montreal.

N/S Maxwell has been transferred from the staff of the D.S.C.R., St. John, N.B., to the D.S.C.R. Hospital, Ste. Anne de Bellevue.

N/S A. T. Young has resigned her position in the Medical Arts Hospital, Montreal, and has left for a six months' holiday at her home in Yarmouth, N.S.

N/S J. C. Galbraith has resigned her position as Superintendent of the Children's Bureau, Receiving Home, and has accepted a position with the Anti-Tuberculosis and General Health League, Montreal.

The sympathy of all nursing sisters is extended to N/S Wylie, of the permanent force, St. John's Cavalry Barracks, in the death of her sister, who died at the Ross Pavilion, February 12th.

N/S Sampson has joined the staff of the Montreal General Hospital as head nurse in the Men's Medical Ward.

N/S Connerty has resigned from the Soldiers' Hospital, Ste. Anne de Bellevue and is special nursing in Montreal.

MANITOBA

Nursing Sister Alfreda Attrill, newly-elected President of the Winnipeg Nursing Sisters' Club, had five years' service overseas, leaving Canada with the first contingent.

After a few days in London, on duty at St. Thomas' Hospital, the nurses' training school which was founded by Florence Nightingale, she embarked for France with the unit commanded by Col. A. T. Shillington, sailing from Southampton.

Later, in 1916, when volunteers were required for the hospitals in "the Near East," she was one of the first seven sisters transferred. Others from Winnipeg were: N/S E. T. Hudson, M.R.R.C., and N/S Corolla Douglas, lost on the Llandovery Castle.

Returning from Salonika she was granted the 1914 Mons star; decorated by the King, at Buckingham Palace, with the Royal Red Cross; presented to Queen Alexandra at Marlborough House, receiving a photo of the Queen-Mother and a certificate of thanks.

Miss Attrill is a graduate of the Winnipeg General Hospital and the daughter of a pioneer and "North West Rebellion" volunteer.

News Notes

BRITISH COLUMBIA

VANCOUVER

Vancouver General Hospital A.A.

The Alumnae Association of the Vancouver General Hospital held a very successful Valentine Tea in the Nurses' Home on Heather Street on February 14th, in aid of the Sick Benefit Fund. The tea was convened by Mrs. Alfred Johnston and Mrs. F. Faulkner. The rooms were very pretty with bowls of spring flowers, and a delightful programme of music and costume dancing was given.

Mrs. Hyde (Mildred C. Hunter, Vancouver General Hospital, 1917) is taking the Public Health Course at the University of British Columbia.

SASKATCHEWAN

Saskatoon

The regular monthly meeting of the Saskatoon Graduate Nurses' Association was held on Monday evening, March 2nd, at the home of Mrs. W. J. Pulley, 111 Eighth Street. Following the business meeting the members spent the remainder of the evening in sewing for the poor of the city. Refreshments were then served by the hostess.

On February 12th the Saskatoon Graduate Nurses' Association held a most successful dance in the Art Academy. Mrs. G. R. Peterson, Mrs. H. N. Lamont, Mrs. T. T. Murray, and Miss S. A. Campbell were the patronesses. The evening was most enjoyable and the proceeds amounted to $100.00.

Regina

Miss Mary M. Gordon (R.G.H., 1918) was recently appointed Assistant Supervisor, Obstetrical Department, Harper Hospital, Detroit, Mich.

Miss Laura J. Bleakley (R.G.H., 1921) recently accepted a position on the nursing staff of the Melville Hospital.

Miss Gertrude E. Wright (R.G.H., 1921) and Miss Alice K. May (R.G.H., 1920) have recently received appointments on the nursing staff of St. Mary's Hospital, Rochester, Minn.

ONTARIO

TORONTO

Hospital for Sick Children A.A.

A very successful meeting of the Alumnae Association was held on Thursday, February 12th, at the Nurses' Residence. Mrs. Plumtree, President of the Ontario branch of the Canadian Red Cross Society, gave a most interesting address on the work of the society, enlarging upon its three special activities: the Home Nursing, the Junior Red Cross, and the Outpost Hospitals.

A most successful theatre night was held by the Alumnae Association on Tuesday, March 3rd. The play was the famous "Grumpy," at the Uptown Theatre.

Miss Grew (1924) has gone to St. Luke's Hospital, Utica, as Instructress.

Miss Lorraine Morrison and Miss Helen McLean (1924) have accepted positions on the graduate staff of the Yale University Hospital.

Miss Mabel Marten (1924) is Instructress on the Infant Ward, Hospital for Sick Children.

Miss Adelaide Ross (1924) has accepted a position in the Children's Memorial Hospital, Montreal.

St. Michael's Hospital A.A.

The regular monthly meeting of the Association was held in the Nurses' Residence, Miss Foy presiding.

Miss Claire Kelly and Miss Loretta Cleary have gone to New York, and Miss Elfreda Rumball and Miss T. Miller have gone to Rochester, Minn., to do private duty nursing.

Miss Maisie Young and Miss Marion Harrison have gone to New York.

Miss Erma Meylins has taken a hospital position in New York.

Miss Carmel Doyle has taken a hospital position in Detroit.

Wellesley Hospital A.A.

Miss Frances Brown (1920) has gone to Denver, Col., where she has accepted a position in one of the Military Hospitals.

Miss Mina Clark and Miss Rita Hodson (1924) are doing private nursing in Washington, D.C.

Miss Dorothy Powers (1921), who has been with the C.P.R. for the past two years, and who was in Toronto for a short time in January and February, has joined the "Montcalm."

Miss Ruth Teeter (1923) is in charge of the operating room and X-Ray Department at the General Hospital, Galt, Ont.

Toronto General Hospital A.A.

Miss Jean Gunn, Superintendent of Nurses, Toronto General Hospital, sailed for England on the "Aurania" on April 4th, to begin her tour under the Rockefeller Foundation.

On the evening of Monday, February 23rd, a farewell party was given by the Head Nurses of the Toronto General Hospital, at the Nurses' Residence, in honor of Miss Anne Wright (1919) who is leaving her position in the hospital to become Assistant Superintendent of Nurses at the Victoria Hospital, London. The party took the form of an evening of bridge. Refreshments were served at the close. The gift of the Head Nurses to Miss

Wright was a bronze reading lamp. Miss Wright's leaving is universally regretted.

Miss Marjorie Foster (1920) has gone to Timmins, Ont., where she is doing Public Health nursing.

Miss Katharine Scott (1923) has been appointed a Supervisor at the Toronto General Hospital.

Miss Edith Murphy (1922) is now organizing Public Health work in Schreiber, Ont.

Miss Laura Douglas (1922) has moved to Hornepayne, Ont., where she is doing Public Health work.

Miss Gwen Holmes (1923) is doing institutional work in the Tuxedo Memorial Hospital, New York.

Miss Clara Vale (1923) has been appointed Instructor at the Children's Memorial Hospital, Montreal.

Miss L. McEachren (1914) and Miss M. Gall (1923) have gone to Hornepayne, Ont., to do institutional work in the Red Cross Hospital there.

Miss Clara Wheatley (1920) has left Dryden to open up a Red Cross Hospital in the Rainy River district.

Misses Edna Johnston and Jean Dent (1922) left last month for New York where they intend doing special nursing.

Miss Jo Dickie (1923) has accepted a position as Assistant Night Supervisor in the 5th Ave. Hospital, New York.

KINGSTON

Kingston General Hospital A.A.

The annual meeting of the Alumnae Association of the Kingston General Hospital was held in the Nurses' Residence on Wednesday, February 11th, with the President, Miss Evelyn Freeman, in the chair, and a large number of members present. Reports from the several committees were read and adopted, and showed substantial increase in the membership during the year. Plans for the year were discussed, and it was decided to hold the usual Violet Tag Day on Easter Saturday. The Alumnae has had a busy year. Activities included refurnishing and redecorating in the Nurses' Residence to the extent of over $500.00. The sum of $50.00 was sent to the Grenfell Mission, and a donation to the V.O.N. at Christmas. During the year all sick nurses were the recipients of flowers and were visited by members of the Alumnae. In March the Alumnae gave an enjoyable dance in Grant Hall to many of their friends. The graduate class of 1924 was entertained at a dinner and dance. The Alumnae also gave a dinner and dance in honor of the return of four former graduates: Miss Annie Baillie and her assistants, Miss Lillian Gill, Miss Olivia Wilson and Miss Mabel Bouter.

Miss Lily Rogers (1919) has been appointed Night Superintendent, Kingston General Hospital.

BRANTFORD

Brantford General Hospital A.A.

The regular meeting of the Alumnae Association was held in the Nurses' Home, March 2nd, the President(Miss V. Forsythe) in the chair. A very interesting address on "Tuberculosis" was given by Dr. C. C. Alexander.

Miss Durham and Miss Brett are doing general duty in the Polyclinic Hospital, New York City.

Miss Bunn and Miss Vallentyne have accepted positions in the City Hospital, Cleveland, O., and Miss Pritchard in the Ford Hospital, Detroit, Mich.

Miss Austin has been appointed to the staff of the Brantford General Hospital as Supervisor of the Obstetrical Floor, after completing a two months' post-graduate course at the Toronto General Hospital.

HAMILTON

St. Joseph's Hospital A.A.

Miss Cartmell (1921) has left to do general duty in the City Hospital, Cleveland, O.

Miss A. Walters (1923) has accepted the position of Ward Supervisor, St. Joseph's Hospital.

Miss V. Murphy (1924), who has been spending the last three months at her home in Seely's Bay, has returned to Hamilton and is doing private duty nursing.

The Alumnae of St. Joseph's Hospital, Hamilton, wish to express their sympathy to Miss M. Nally, R.N., in her recent sad bereavement by the death of her mother.

On March 11th, at Undermount, the graduates of St. Joseph's Hospital spent a very enjoyable evening at a musical entertainment given by the pupil nurses, St. Joseph's Training School, Hamilton.

LONDON

Victoria Hospital A.A.

The Victoria Hospital A.A. held the March meeting at Westminster Hospital through the kindness and courtesy of Dr. B. T. McGhie and Miss Ross, Superintendent of Nurses. After a short business session, during which $100.00 was voted towards a scholarship for nurses, an instructive address was given by Dr. B. T. McGhie on "Preventive Psychiatry." Refreshments were served and a social hour spent.

A very enjoyable dance was held in the Medical School auditorium by the Victoria Hospital Nurses' Alumnae. Miss Agnes Malloch, president, received the guests, and Miss Grace Fairley, Superintendnet of the Victoria Hospital Nurses' Training School, was present. Mrs. Leonard Pritchett, Miss Winifred Ashplant and Mrs. Sidney Horne were in charge of the arrangements.

STRATHROY

Strathroy General Hospital A.A.

The Strathroy General Hospital graduation exercises were held in the auditorium of St. Andrew's Church on Tuesday evening, February 10th, 1925, when the following graduates received their diplomas and pins: G. Griffiths, R. Runnalls, E. Emmons and H. Kerr. The Rev. I Couch, M.A., B.D., delivered an inspiring address to the graduates, impressing upon them the nobility of their chosen profession. He advised them to ever remember that as all true beauty is evolved through suffering, so might their lives and those entrusted to their care eventually be transformed into a vision of beauty. Following the programme a reception was held in the lecture room.

QUEBEC

SHERBROOKE

Sherbrooke Hospital A.A.

The Alumnae Association has decided to establish a Sick Benefit Fund for its members. The objective this year is to raise $500.00. Recently a very successful tea and food sale were held, and arrangements are being made to have Jack Miner, "the bird man," deliver one of his interesting lectures.

The name of the Sherbrooke General or Protestant Hospital has been changed to the Sherbrooke Hospital.

MONTREAL

Royal Victoria Hospital, Montreal

A delightful dinner was given by the Alumnae Association in honor of the Class of 1925 at the Ritz-Carlton Hotel, March 23rd. Two hundred guests were present and music was supplied by the Ritz orchestra. The decorations were carried out in purple and gold, the hospital colors: daffodils, purple irises and hyacinths adorning the tables.

The graduating exercises were held in the Nurses' Home, R.V.H., on March 26th, when fifty-one nurses received their pins and diplomas. Dr. Meakins addressed the graduates, after which tea was served in the dining room, which was prettily decorated with spring flowers. In the evening an informal dance was held.

The Class of 1926 entertained the Graduating Class at a sleigh drive and dance in the Nurses' Home on Wednesday evening, March 6th.

A new venture among the student nurses at R.V.H. has been the formation of a Dramatic Club. The first performance, under the direction of Miss Olive Primrose, was held in the Nurses' Home on March 25th. Three short plays were presented: a "Pierrot and Pierrette" fantasy; "Wurzel Flummery," a comedy in manners; and a dramatic poem entitled "Goodnight Babette." The cast included the Misses Phyllis Spencer, Florence Brydon, Mary Henderson, Barbara Smith, Barbara Wilson, Gladys Smith, Agnes Bigelow, Jean Louson and Olive Primrose. The different parts were admirably taken. The music was supplied by Miss Isabel Henderson at the piano and Dr. Harry Ballon played the violin.

At the March meeting of the Alumnae Association the speaker was Margaret Currie, who addressed the members on "The Gentle Art of Lying."

Miss Elsie Alder, Surgical Supervisor at R.V.H., has returned from a two months' visit in the British West Indies.

A welcome visitor recently at R.V.H. was Miss Mary Allison Prescott, who has since sailed for Holland.

Miss Jessie Pangborn (1920) is the guest of Miss Milicent Branch at St. Kitts, Br. West Indies.

Miss Lou Edey (1923) is at Henery St. Settlement, New York.

The engagement is announced of Miss Pauline Ward (1923) to Mr. James Warren Yorke, of Ottawa, the marriage to take place in May.

The Montreal General Hospital A.A.

Miss Agnes Bullock has gone on a trip to California.

Misses Audley Fraser and Gladys Buzzell (1924) have taken positions with the Victorian Order of Nurses in Montreal.

Miss Gertrude Jackson (1921), who has been in charge of E. and F. Wards at the Montreal General Hospital for four years, has been appointed Assistant Superintendent of the Fisher Memorial Hospital, Woodstock, N.B.

Miss N. Brissenden (1917) has returned to Montreal from Halifax to do private duty nursing, after a long absence from the city.

Members of the Alumnae extend their sympathy to Miss Willett in the loss of her mother, and to Mrs. Vaudry in the loss of her father.

Miss Violet Sampson, who had charge of Red Cross Lodge, for disabled soldiers, on McTavish Street, Montreal, for two years, has now taken charge of a floor in the Montreal General Hospital.

Miss Estelle Smellie (1923), who has been on the night staff of the M.G.H., has gone to Bermuda to recuperate after illness.

Miss Mills (1922) has taken charge of Private Ward "H" at the M.G.H., succeeding Miss Beatrice Preston (1922), who has taken a position as one of the assistants on the night staff of the M.G.H.

Miss Bernice Willett (1918), who has been Superintendent of Lachine General Hospital, Lachine, P.Q., resigned owing to the serious illness of her mother and has been succeeded by Miss L. Brown.

At the February meeting of the M.G.H. A.A., Dr. Campbell Howard gave a very interesting address on "Arteriosclerosis: Its Manifestations and Management."

Miss Martin will address the March meeting on Child Welfare.

A tea and weighing party was held in the Nurses' Residence in February by the M.G.H.A.A. for the purpose of securing funds for a scholarship to McGill School for Graduate Nurses, Teachers' Course. The guests were received by Miss Young, Superintendent of M.G.H.; Miss Frances Reed, President of the Association; and Miss Frances Upton, Convener of Arrangements Committee. Music was rendered by Minto's orchestra. Nearly $700.00 was realized.

Members already booked for the International Congress of Nurses to be held in July, and tours on the Continent are: Misses F. M. Shaw, S. E. Young, Isabel Davies, Dorothy Hadrill, and Agnes Jamieson. Miss F. M. Shaw will be one of the speakers at the Congress.

Women's Hospital A.A.

The members of the Alumnae held a very successful tea and sale of work in the Nurses' Home, 998 St. Catherine St. W., on Friday, February 27th, in aid of the Sick Nurses' Benefit Fund. Thanks are due the members of the Alumnae and the staff and nurses in training for this kind assistance and many donations.

NOVA SCOTIA

Miss Edna Cochrane, Dalhousie Public Health Course, 1923, until recently on the staff of the Massachusetts-Halifax Health Commission No. 1, has accepted a position as County Tuberculosis nurse, at Calais, Maine.

M.H.H.C. Transfers

Miss Veronica C. White, Reg.N., has been transferred from M.H.H.C. No. 1, Halifax, to M.H.H.C. No. 2, Dartmouth.

Miss Madeline Scott, Reg.N., from M.H.H.C. No. 2 to M.H.H.C. No. 3.

Misses Jane Hubley, Reg.N., Esther MacD. MacWatt, Reg.N., and Genevieve Davidson, Reg.N., from M.H.H.C. No. 1 to Dalhousie Public Health Clinic No. 3.

Miss C. F. MacDonald, Reg.N., has recently been appointed to the staff of the M.H.H.C. No. 1. Miss MacDonald was formerly connected with the Victorian Order Nurses at Yarmouth, N.S.

Florence A. Fraser, Reg.N., formerly charge nurse of the Operating Department of the Victoria General Hospital, Halifax, has accepted the position as nurse in charge of the Outdoor Department of the Dalhousie University Public Health Clinic, Halifax.

Miss E. Brown, Provincial Red Cross Organizer for Home Nursing, has left Halifax for Mulgrave in connection with Home Nursing Classes. She will establish these classes in Mulgrave, Dover, Antigonish, and Heatherton. The work in these sections is receiving the hearty support of the clergy and doctors.

There is under consideration of the Nova Scotia Division of the Provincial Red Cross at the present time more active co-operation in Public Health work between the medical profession and the Red Cross Society.

Miss Leona V. Jackson, Dalhousie Public Health Course, 1922, formerly connected with the staff of the Victorian Order of Nurses and Massachusetts-Halifax Health Commission No. 1, has recently accepted a position as charge nurse at the Tarrytown General Hospital, Tarrytown, N.Y.

VICTORIAN ORDER OF NURSES

The many friends of Miss Gertrude Curry, Reg.N., Nurse-in-Charge of the Victoria Branch of the V.O.N., will be interested to learn that she has gone to California on two months' leave of absence to recuperate after her recent illness.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

FORGAN—On Monday, February 16th, at the Toronto General Hospital, to Mr. and Mrs. D. Forgan (Helen Duff, T.G.H., 1918), a daughter.

LAPP—On Friday, February 20th, at Cedar Grove, Ont., to Mr. and Mrs. Arthur Lapp (Fern Scott, T.G.H., 1916), a daughter.

ADAMS—On January 2nd, to Mr. and Mrs. Adams (Seaborn Robertson, N/S No. 3 General Hospital), a daughter.

ARMSTRONG—On December 24th, at the Private European Ward, Bethesda Hospital, Pithapuram, India, to the Rev. E. W. and Mrs. Armstrong (Evelyn Smith, T.G.H., 1921), a son.

HAYWARD—On January 27th, at Medicine Hat, Alta., to Mr. and Mrs. R. H. Hayward (Margaret G. McBean, Children's Hospital, Winnipeg, 1916), a daughter (Margaret Ruth).

MACDONNELL—On January 13th, at Peking, China, to Mr. and Mrs. Richard MacDonnell (Maude Wooster, Vancouver General Hospital, 1921), a son.

MACGREGOR—On March 6th, to Mr. and Mrs. A. P. MacGregor (Mary MacLeod, Montreal General Hospital), of Dalhousie Station, P.Q., a son (Keith MacLeod).

RATHBONE—On November 21st, 1924, at the Wellesley Hospital, Toronto, to Mr. and Mrs. L. Rathbone (Elsie Hanna, Wellesley Hospital, 1923), a son.

STARRATT—On January 12th, to Mr. and Mrs. Raymond Starratt (Grace Savage, Wellesley Hospital, 1923), of Sheldon, Iowa, a daughter.

ROBERTS—On February 14th, at Wellesley Hospital, Toronto, to Dr. and Mrs. M. C. Roberts (Jeannette Simpson, Wellesley Hospital, 1915), a son.

CURRIE—On February 12th, at 332 Rushton Road, Toronto, to Mr. and Mrs. Thomas D. Currie (Margaret Duncan, Wellesley Hospital, 1915), a son.

WILLS—On February 8th, at Wellesley Hospital, Toronto, to Mr. and Mrs. James Wills (Anne MacBeath, Wellesley Hospital, 1921), a son.

KNOWLES—To Mr. and Mrs. Ted Knowles (Dorothy Martin, Brantford General Hospital, 1922), a son.

MARRIAGES

LA ROSE—BARBER—On February 11th, in Regina, Gertrude Barber (Regina General Hospital, 1919) to Arthur B. La Rose, of Tyvan, Sask.

ALLEN—CAMPBELL—On February 8th, in Vancouver, B.C., Margaret Grant Campbell (St. Paul's Hosp., Saskatoon, 1922) to E. R. Allen, of North Vancouver.

RUSSELL—GRAHAM — On February 14th, in Montreal, by the Rev. G. A. McIntosh, St. James' Church, Ethel Donnelly Graham, R.N. (K.G.H., 1922), of Kingston, to Albert Edward Russell, Selby, Ont.

LAURASON—DYCE—On February 7th, at Meaford, Ont., Mabel Dyce (St. Michael's Hospital, Toronto, 1914) to J. Laurason, of Toronto, Ont.

PLATT—MARTIN—At Vineland, Ont., Irene Martin (St. Michael's Hospital, Toronto, 1918) to James Platt, of Vineland, Ont.

WEBBER—ROSS—On Saturday, February 14th, at Dundas, Ont., Edith Ross (Toronto G.H., 1923) to Percy Webber. Mr. and Mrs. Webber will live at 152 St. Johns Road, Toronto.

FINLAY—SHINDLER — On Thursday evening, February 26th, Florence Shindler (Vancouver General Hospital, 1909) to Harold Finlay.

DEATHS

SNOWDEN—On January 18th, 1925, Miss Snowden (Montreal Gen. Hospital, 1902) at her home on Roslyn Avenue, Westmount, P.Q., after a lingering illness.

SPARROW—On January 19th, 1925, Mrs. Sparrow (Florence Evans, M.G.H., 1901), at the Montreal General Hospital, after a long illness.

FRISBY—On January 21st, 1925, at the Vancouver General Hospital, Mrs. Walter Frisby (Evelyn Little, Van. Gen. Hosp., 1920).

Official Representatives of the Canadian Nurses' Association at the Congress, International Council of Nurses, Helsingfors, July, 1915.

The Canadian Nurses' Association will be officially represented at the Congress, International Council of Nurses, 1925, by the delegates appointed at the time of the Biennial meeting, C.N.A., 1924, and by their President, who is ex-officio a vice-president of the International Council. The delegates appointed are: the President and the past Presidents of the National Association. All federated Associations in the C.N.A. should note that no federated Association can appoint a member to act as an official representative of their organization. Canadian nurses can be represented officially only by the delegates appointed by the Canadian Nurses' Association.

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A young man calling himself Baker and giving his address as Toronto, Ottawa and Montreal, has been representing himself as an agent for The Canadian Nurse, authorized by the President of the Canadian Nurses' Association and Acting Editor, to collect subscriptions.

This statement is entirely false, as neither the President nor the Acting Editor have had any communication whatever with a man by the name of Baker: Further, the Executive of the Canadian Nurses' Association decided some time ago not to use agents for collecting subscriptions to The Canadian Nurse, except in the case of public or university libraries. The public will therefore please not give credence to any agent purporting to solicit subscriptions for The Canadian Nurse, as this is done entirely through the nurses' organizations in Canada.

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The Annual Convention, 1925, of the National League of Nursing Education is to be held in Minneapolis, Minnesota, May 25 to May 30, inclusive. Arrangements have been made to hold all sessions in the Nicollet Hotel, which is admirably planned and equipped to meet the needs of any convention group. It is recommended that Canadian nurses who intend being present at the convention should make reservations at an early date for hotel accommodation. Requests for reservations to be made to Geo. L. Crocker, Mgr., Nicollet Hotel, Minneapolis, Minn.

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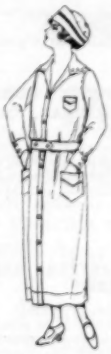

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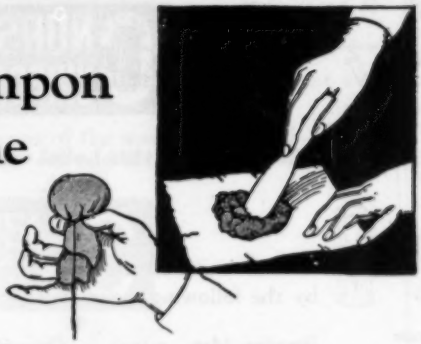

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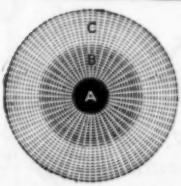

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MAY, 1925

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